

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. 041547
Water Right Permit No. 041547

(1) OWNER: Name GIBBONS, BOB Address 50125 246TH STREET N.E. ARLINGTON, WA 98223-
(2) LOCATION OF WELL: County ISLAND
(2a) STREET ADDRESS OF WELL (or nearest address) -SW 1/4 NW 1/4 Sec 24 T 32 N., R 2E WM

(3) PROPOSED USE: MUNICIPAL

(10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well 1
NEW WELL (If more than one)
Method: ROTARY

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change in formation.

(5) DIMENSIONS: Diameter of well 6 inches
Drilled 123 ft. Depth of completed well 119 ft.

MATERIAL	FROM	TO
BROWN GRAVEL & SAND & CLAY	0	6
BROWN SAND & CLAY	6	42
BROWN GRAVEL & SAND	42	65
BROWN CLAY & SAND	65	66
BROWN SAND	66	83
BROWN SAND & GRAVEL	83	94
BROWN GRAVEL & SAND & WATER	94	120
BROWN CLAY	120	121
GRAY CLAY	121	

(6) CONSTRUCTION DETAILS:
Casing installed: 6 * Dia. from +2 ft. to 115 ft.
WELOED * Dia. from ft. to ft.
* Dia. from ft. to ft.

Perforations: NO
Type of perforator used
SIZE of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

Screens: YES
Manufacturer's Name HOWARD SMITH
Type STAINLESS STEEL Model No. KO
Diam. 6 slot size 50 from 114 ft. to 119 ft.
Diam. slot size from ft. to ft.

Gravel packed: NO
Gravel placed from ft. to ft. Size of gravel ft.

Surface seal: YES To what depth? 18 ft.
Material used in seal BENTONITE
Did any strata contain unusable water? NO
Type of water? Depth of strata ft.
Method of sealing strata off

(7) PUMP: Manufacturer's Name
Type H.P.

(8) WATER LEVELS: Land-surface elevation
above mean sea level ... ft.
Static level 93.5 ft. below top of well Date 09/17/91
Artesian Pressure lbs. per square inch Date
Artesian water controlled by

Work started 09/17/91 Completed 09/17/91

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.
Was a pump test made? NO If yes, by whom?
Yield: gal./min with ft. drawdown after hrs.

WELL CONSTRUCTOR CERTIFICATION:
I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Recovery data
Time Water Level Time Water Level Time Water Level

NAME HAYES DRILLING, INC.
(Person, firm, or corporation) (Type or print)

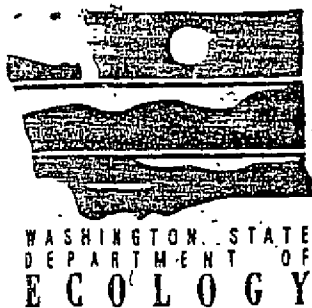
ADDRESS 556 ERSKIN RD. BOW, WA

Date of test / /
Bailer test 20 gal./min, 0 ft. drawdown after 1 hrs.
Air test gal./min. w/ stem set at ft. for hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? NO

[SIGNED] Steve Dillert License No. 762

Contractor's
Registration No. HAYESDI106J5 Date 09/24/91

WELL SITE MEETS ALL SIGHTING CRITERIA UNDER I.C.C. 8.09 BASED ON 18
INFORMATION SUPPLIED BY THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE.



Well Tagging Form

per water system
file
Unique Well Tag No:

AGA757
AGA757/02145

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office nearest you)
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: FINISTERRE HEIGHTS W.S. Last Name: _____

Street Address: _____

City: _____ State: _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: BETWEEN 213 & 209 W. MEGAN DR

City: _____ County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional Information, if available: _____

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

State Dept of Health

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING INSIDE ATTACHED HOUSE (~ 3.5' x 3.5' x 4') TO
P.H. BOTH BARY BLUE W/WHITE trim. ^{HORIZ.} WOOD SIDING ON BOTH.
P.H. (~ 15' x 15' x 18') WITH GABLED ROOF.

Location of Well Identification Tag:

Copy

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Comments:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right # _____

Date Issued _____

Is One:

Application

Permit

Certificate

Claim

Exempt

32/2E/24M

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ADDRESS 556 ERSHIG RD. BOW, WA

[SIGNED] *Steve Gilbert* License No. 762

Contractor's
Registration No. HAYESDI106J5 Date 09/24/91

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WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No. _____

AGA 754 / 02/45/30

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☐

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209 W MEGAN DR

City: _____

County: _____

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

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Additional information, if available: _____

☐

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other _____

☐

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Location marked on air photo (please attach)

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COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

File One: Application Permit Certificate Claim Exempt